

State of Michigan  
DEPARTMENT OF MANAGEMENT AND BUDGET  
OFFICE OF STATE EMPLOYER

EMPLOYEE RECALL FORM

Instructions on reverse side. (Bargaining Unit Classes Only) Date: \_\_\_\_\_

SECTION ONE												
A	Employee I.D. Number			Dept. and Agency No.			Sex/Race		Name (Last)		(First) (M.I.)	
Street Address				City			State		Zip Code		Area Code Phone Number	
SECTION TWO												
Layoff Class -- Title/Level												
10 Class Code		47 Seniority		60 Empl. Types F		83 Employment Locations						
104 Layoff Date		157 Layoff Expiration			137 KSA							
Additional Classes -- Title/Level												
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White: To Civil Service, Central Processing Unit  
Canary: To preparer's files.

\_\_\_\_\_  
Preparer's Signature

White: To Civil Service, Central Processing Unit  
Canary: To preparer's files.

### INSTRUCTIONS - EMPLOYEE RECALL FORM

This form must be completed for each employee, covered by a bargaining contract, who wishes to be considered for recall on the statewide inter-departmental recall list.

#### I. SECTION ONE

Complete all personal information as follows:

1. Social Security Number.
  2. Department/Agency code. This must be the 4 digit dept./agency code number without hyphen or slash; e.g., 4301 not 43/01.
  3. Sex/Race.
    - A. Sex codes must be entered as:  
F, M, G or N: and,
    - B. Race codes must be entered as:  
1, 2, 3, 4 or 5 using codes listed in the "race" and "sex" section on the right; i.e., Hispanic female would be coded F4, Black male would be coded M2.
- NOTE: both sex and race codes must be entered.
4. Name, street address, city, state and zip codes are mandatory. (Telephone number is optional.)

#### II. SECTION TWO

1. Write in layoff class title and level.
2. Write in the seven digit class code (or list identifier code) for the class in field 10. Use the ACCEL Manual, Class Control File to determine the correct code. (When a list identifier appears next to the class code, enter the seven digit list identifier number.)
3. Compute the employee's seniority hours according to the Bargaining Unit Contract definition and complete the "Seniority" section, field 47.
  - A. This field must be completed with 6 (six) numeric characters. Precede seniority hours with filler 0's, when necessary, to fill in the six digits.
  - B. Do not use fractions of hours. Round off to the nearest full hour.
4. Complete the "Employment Type" section, field 60, for the type of employment that the employee will accept other than full time. Full time will automatically be entered into the record.
  - A. Limit: 3 employment types.
  - B. If you use "T" for "all", do not enter other types.
5. Complete the "Employment Locations" section, field 83, with county and/or region codes for those locations where the employee will accept recall. If a region is indicated, do not indicate a county code within that region. Names will automatically be referred for any county in that region.
  - A. Limit: 10 locations.
  - B. Can be counties only, regions only or a combination of counties and regions.
  - C. If 99 "statewide" is used, do not indicate other counties or regions. USE MAP ON THE RIGHT FOR COUNTY/REGION CODES.
6. Write in the layoff date, field 104. (Month, day, year; 01/15/82.)
7. Write in the expiration date for recall, field 157, according to requirements of Bargaining Unit Contract. (Month, day, year; 01/15/82.)
8. Write in KSA code, field 137, if required for the class/list ID code, according to the ACCEL Manual, Class Control File. (NOTE: KSA code always required when "List ID" code has been entered in field 10.)
  - A. This is always a 4 character code.
  - B. O is always a numeric character and must be entered as 0 in this field.
  - C. KSA codes are limited to 5 for each class/list ID code.
9. Complete recall records for additional classes as follows:
  - A. If the employee also wishes to be considered for recall to other classes, review each class requested, and determine if the employee has recall rights to the class according to the Bargaining Unit Contract. Do not place on recall list for classes outside of the Bargaining Unit Contract.
  - B. Complete Steps 1 through 9 of SECTION TWO for each additional recall class and level.
10. Please sign (or initial) the completed form.

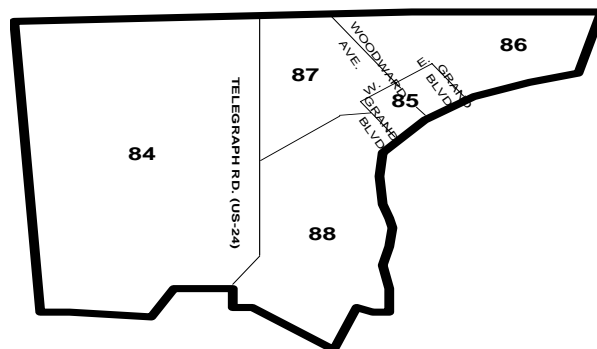
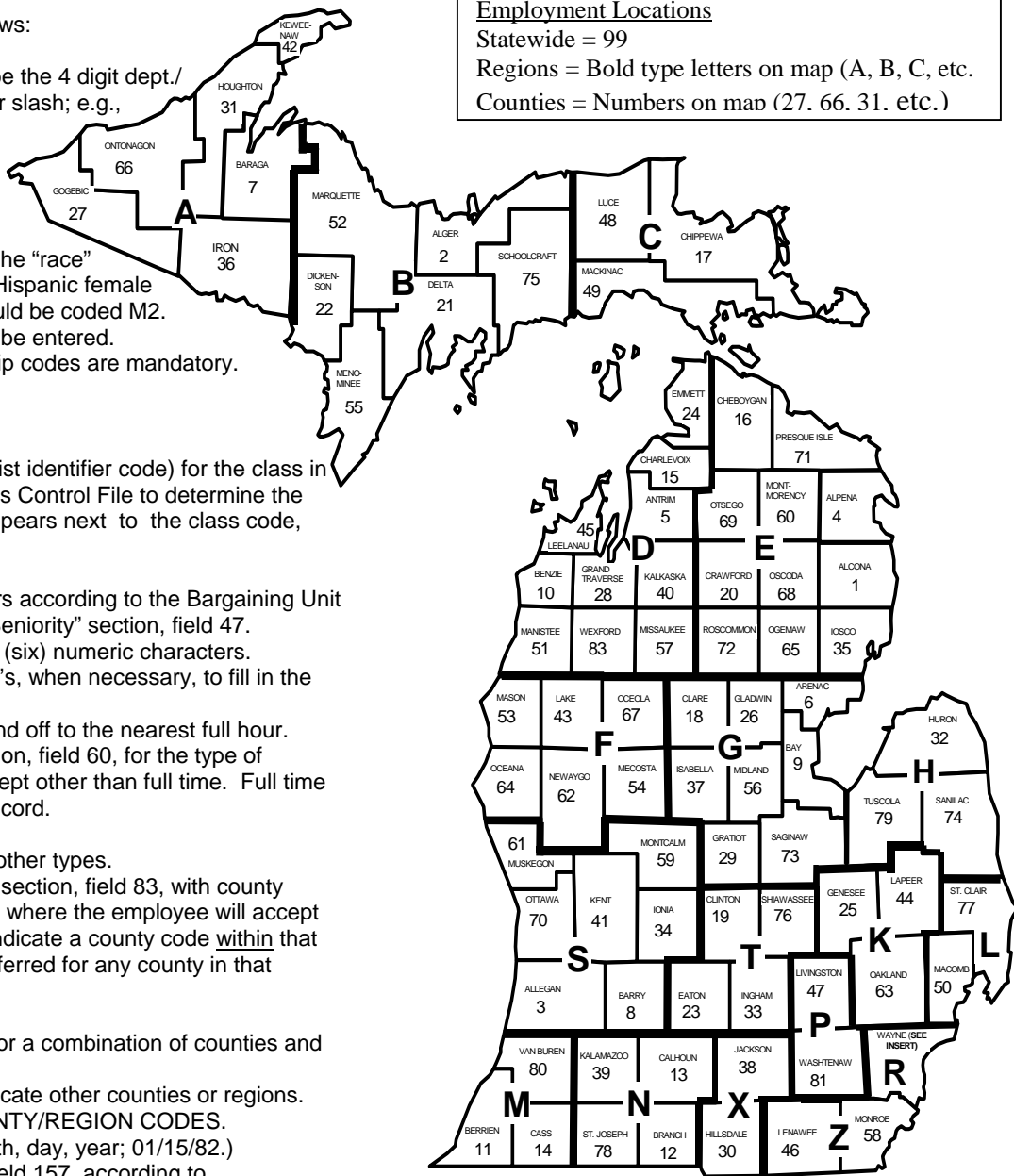
Race		Sex	Employment Types	
			Code	Type
White	1	M-Male	F	Full Time
Black	2	F-Female	H	Park Time
American Indian	3	N-Handicapped Male	I	Intermittent
Alaskan Native	3	G-Handicapped Female	S	Seasonal
Hispanic	4		N	Temporary
Asian/Pacific Isl.	5		T	All Types

#### Employment Locations

Statewide = 99

Regions = Bold type letters on map (A, B, C, etc.)

Counties = Numbers on map (27. 66. 31. etc.)



#### R = WAYNE COUNTY (DETROIT AREA)

IF YOU ARE NOT AVAILABLE FOR ALL OF WAYNE COUNTY, YOU MAY SELECT CERTAIN AREAS OF THE COUNTY BY USING THE NUMBERS FROM THE MAP ABOVE.